



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** The Miami Project to Cure Paralysis - Spinal Cord and Traumatic Brain Injury Research Programs

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

We are developing new therapies to target and repair the central nervous system and the brain in order to restore functional recovery for those suffering from paralysis, traumatic brain injury and other neurological disorders.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
1,000,000		1,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	10,334,034	44.3%
State (excluding the amount of this request)	3,211,416	13.8%
Local	614,731	2.6%
Other	8,173,819	35.0%
TOTAL	22,334,000	95.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 23,334,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 5

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)			
	Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)	
Input Amounts:		1,000,000	1,000,000	

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$1,000,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

The goal of The Miami Project is to develop new treatments and translate our research findings into improved clinical care for those living with a traumatic brain injury and/or paralysis. The research will provide the scientific and medical community with better outcome measures and a greater understanding of how the central nervous system work and thus can be repaired after damage. In addition, the funds provided by the State will also allow our scientists to gain preliminary data necessary to submit successful NIH and Department of Defense grants which are critical to move our FDA Approved Clinical Trials forward.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

The research that will be conducted includes basic science to further understand the biology of the nervous system and brain, translational research as we move these basic discoveries forward closer to clinical application and our clinical trials which are testing these therapies in research subjects to determine their safety and efficacy.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Scientific Director	14,417



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<input checked="" type="checkbox"/> Other Salary and Benefits	Grants Specialist	27,765
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies, facilities & administration	5,032
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Scientists, research associates, post docs, lab technicians	713,661
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Lab supplies, animals, core and F&A	239,125
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Developing new therapies to target and repair the central nervous system and the brain in order to restore functional recovery for those suffering from paralysis, traumatic brain injury and other neurological disorders.

e. Who is the target population served by this project? How many individuals are expected to be served?

The target populations served by this project are people living with paralysis, traumatic brain injuries and other neurological conditions such as MS and muscular dystrophy.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Each project will be measured with specific aims and outcomes based on what each scientist is proposing to accomplish.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

The penalty for failing to meet the conditions of the contract is termination.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

None



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13. Requestor Contact Information:

- a. **Name:** Suzanne Sayfie
- b. **Organization:** The Miami Project to Cure Paralysis
- c. **Email:** ssayfie@med.miami.edu
- d. **Phone Number:** (305)243-7146

14. Recipient Contact Information:

- a. **Organization:** University of Miami Miller School of Medicine
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Diana Berning
- e. **E-mail Address:** dberning@miami.edu
- f. **Phone Number:** (305)243-7154

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Ronald Book
- b. **Firm:** Ronald L. Book, P.A.
- c. **Email:** ron@rlbookpa.com
- d. **Phone Number:** (850)224-3427